

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Antonio Delgado for Congress

ADDRESS (number and street)

249 E. Ocean Blvd., #670



Check if different than previously reported. (ACC)

Long Beach

CA

90802

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00736579

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CA

40

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2021

through

M M / D D / Y Y Y Y

03 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Crummitt, Gary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Crummitt, Gary, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 14 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 13

Write or Type Committee Name

Antonio Delgado for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	225.00	460.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	225.00	460.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10.35	9086.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10.35	9086.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6030.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43300.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Antonio Delgado for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	1

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

150.00

385.00

(ii) Unitemized.....

75.00

75.00

(iii) TOTAL of contributions from individuals ▶

225.00

460.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

225.00

460.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

225.00

460.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10.35	9086.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10.35	9086.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5815.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	225.00
25. SUBTOTAL (add Line 23 and Line 24).....	6040.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6030.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Antonio Delgado for Congress

Full Name (Last, First, Middle Initial)

Decordova, Mary, , ,

A.

Mailing Address 870 Nantucket Drive

City

Beaumont

State

TX

Zip Code

77706

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 10 2021

Transaction ID : INCA410

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

Decordova, Mary, , ,

B.

Mailing Address 870 Nantucket Drive

City

Beaumont

State

TX

Zip Code

77706

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2021

Transaction ID : INCA414

Amount of Each Receipt this Period

50.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

Decordova, Mary, , ,

C.

Mailing Address 870 Nantucket Drive

City

Beaumont

State

TX

Zip Code

77706

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 10 2021

Transaction ID : INCA418

Amount of Each Receipt this Period

50.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

150.00

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC7

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M /

D 14 D /

Y 2020 Y

M M /

D D /

Y 12/31/2021 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC13

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 25 D

Y 2020 Y

M M

D D

Y 12/31/2021 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

4000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC22

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M /

D 31 D /

Y 2020 Y

M M /

D D /

Y 12/31/2021 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC107

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 23^D

Y 2020 Y

M M

D D

Y 12/31/2021 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

3500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 13

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC123

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 12 D

Y 2020 Y

M M

D D

Y 12/31/2020 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

3500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC132

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

2800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2800.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08

D 27

Y 2020

M M

D D

Y 12/31/2021

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2800.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 12 OF 13

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC310

Antonio Delgado for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Delgado, Carlos Antonio, , ,

Election: 2020

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1433 Harvard Street

City

Santa Monica

State

CA

ZIP Code

90404

☒ Personal Funds of the Candidate

Original Amount of Loan

9500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 21 D /

Y 2020 Y

M M /

D D /

Y 12/31/2021 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

9500.00

TOTALS This Period (last page in this line only).....▶

43300.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC310

LOAN

Form/Schedule:

Transaction ID: